

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: COUNTY OF UNION County: UNION
 Employee Organization: COUNCIL NO. 8 Employees in Unit: _____
 Base Year Contract Term: 2008 - 2011 New Contract Term: 1/1/2012 - 12/31/2014
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
		<u>9/1/2008-12/31/2011</u>	<u>1/1/2012-12/31/2014</u>
Section II: Economic			
Item 1	Salary		
Item 2	Increment		
Item 3	Longevity		
Item 4		<u>SEE</u>	<u>SEE</u>
Item 5			
Item 6		<u>MOA</u>	<u>MOA</u>
Item 7			
Item 8		<u>ATTACHED</u>	<u>ATTACHED</u>
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet Additional Items			
Section III: Totals - Sum of costs in each column		(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) _____ SEE MOA
Effective Date (m/d/yyyy) _____
 Percent Increase _____
 Total cost of increase .. _____
 Total base salary (successor agreement) .. _____

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) _____ SEE MOA
 Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	
Cost of Health Plan			<u>SEE MOA</u>
Employee Contributions			
Prescription			
Dental			
Vision			

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

MARK TRAUM Title: LABOR Relations Coordinator
 Signature: [Signature] Date: June 26, 2015